DECLARATION — Utility or Design Patent Application

Direct all correspondence to: X Customer Number Bar Code Label	or 2 4	473	37	OR		Correspondence address below				
	PATENT 1	RADEMA	RK OFFICE	Ξ		·				
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P.O. Box 3001										
City Briarcliff Manor	State NY	ZIF		ZIP 1	10510-8001					
		914-94	5-6000		9	14-332-0615				
Country USA		Teleph	one		F	ax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.										
AME OF SOLE OR FIRST INVENTOR:										
(first and middle [if any]) or S			ily Name VIGNOLI urname							
Inventor's Signature & Machine			•	Date _04-11-2004						
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NAME OF SECOND INVENTOR: A p	etition has b	een file	d for th	is unsig	ned	l inventor				
Given Name Steffen Clarence Family Name PAUWS or Surname					<i>t</i> s					
(first and middle [if/any]) Inventor's Signature (first and middle [if/any])			Date ×05-11-2004			5-11-2004				
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City State Zip Country Additional inventors are being named on the supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.										

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR	Attorney Docket Number	US040044 VIGNOLI ET AL.			
DESIGN	First Named Inventor				
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number				
☑ Declaration ☐ Declaration Submitted OR Submitted after Initial With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Filing Date				
	Group Art Unit				
	Examiner Name				

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
INTEGRATED PL	AYLIST GENERATO	R								
the specification of which (Title of the Invention)										
is attached hereto										
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		YES							
				ᆜ						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										

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